SERFF Tracking Number: METD-126248320 State: Arkansas State Tracking Number: Filing Company: MetLife Investors USA Insurance Company 43238

Company Tracking Number: 5E-CCR-09

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: Coverage Continuation Rider

Project Name/Number: GAUL's CCR Correction Filing 2009/5E-CCR-09

Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: Coverage Continuation Rider SERFF Tr Num: METD-126248320 State: Arkansas TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 43238

Adjustable Life Closed

Sub-TOI: L09I.001 Single Life Co Tr Num: 5E-CCR-09 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Albert Dubreuil, Tricia St. Disposition Date: 08/18/2009

John

Date Submitted: 08/14/2009 Disposition Status: Approved-

Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: GAUL's CCR Correction Filing 2009 Status of Filing in Domicile: Pending

Project Number: 5E-CCR-09

Requested Filing Mode: Review & Approval

Explanation for Combination/Other: Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/18/2009

Deemer Date:

Submitted By: Tricia St. John

Filing Description:

RE: MetLife Investors USA Insurance Company

NAIC #241-61050 FEIN #54-0696644

Form: 5E-CCR-09 Coverage Continuation Rider

Individual Life Filing **New Submission**

State of Domicile: Delaware

Date Approved in Domicile: **Domicile Status Comments:** Market Type: Individual Group Market Size: Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/18/2009

Created By: Tricia St. John

Corresponding Filing Tracking Number:

SERFF Tracking Number: METD-126248320 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 43238

Company Tracking Number: 5E-CCR-09

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: Coverage Continuation Rider

Project Name/Number: GAUL's CCR Correction Filing 2009/5E-CCR-09

The above referenced form is enclosed for your review and approval. This is a new form that will not replace any existing form. The form is in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, and adaptation to computer printing.

Rider form 5E-CCR-09 is a Coverage Continuation Rider that guarantees that the policy will not lapse even if the policy's cash surrender value is insufficient to pay future monthly deductions if certain criteria are met. This guarantee applies to the policy's death benefit; not the policy's cash value.

Items have been bracketed in the enclosed form to indicate that we will consider it acceptable to change these items in the future without refiling the forms with your Department, unless you advise otherwise during your review of this form.

We look forward to receiving your approval of this form. Thank you for your attention to this filing.

Enclosures: Readability Certificate; Certification; Actuarial Memorandum; Copy of Application Approved on 8-3-07

Company and Contact

Filing Contact Information

Albert Dubreuil, Contract Consultant adubreuil@metlife.com
501 Boylston Street 617-578-3165 [Phone]
Boston, MA 02116 617-578-5505 [FAX]

Filing Company Information

MetLife Investors USA Insurance Company CoCode: 61050 State of Domicile: Delaware

222 Delaware Ave. Suite 900Group Code: 241Company Type: LifeP.O. Box 25130Group Name: MetLife GroupState ID Number:

Wilmington, DE 19899 FEIN Number: 54-0696644

(617) 578-2000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes

Fee Explanation: Delaware is the state of domicile, and they charge \$50 per form. We are filing one form,

therefore \$50 is being submitted via EFT.

SERFF Tracking Number: METD-126248320 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 43238

Company Tracking Number: 5E-CCR-09

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: Coverage Continuation Rider

Project Name/Number: GAUL's CCR Correction Filing 2009/5E-CCR-09

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

MetLife Investors USA Insurance Company \$50.00 08/14/2009 29861257

Company Tracking Number: 5E-CCR-09

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: Coverage Continuation Rider

Project Name/Number: GAUL's CCR Correction Filing 2009/5E-CCR-09

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/18/2009	08/18/2009

Company Tracking Number: 5E-CCR-09

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: Coverage Continuation Rider

Project Name/Number: GAUL's CCR Correction Filing 2009/5E-CCR-09

Disposition

Disposition Date: 08/18/2009

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: 5E-CCR-09

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: Coverage Continuation Rider

Project Name/Number: GAUL's CCR Correction Filing 2009/5E-CCR-09

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Certification		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Copy of Application Approved on 8-3-07		Yes
Form	Coverage Continuation Rider		Yes

Company Tracking Number: 5E-CCR-09

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: Coverage Continuation Rider

Project Name/Number: GAUL's CCR Correction Filing 2009/5E-CCR-09

nt or Rider

Form Schedule

Lead Form Number: 5E-CCR-09

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Status						
	5E-CCR-0	9 Policy/Cont Coverage ract/Fratern Continuation Rider al Certificate: Amendmen t, Insert	Initial		50.000	5E-CCR- 09.pdf
		Page, Endorseme				

COVERAGE CONTINUATION RIDER

MetLife Investors USA Insurance Company

This Rider provides a guarantee that the Policy will not lapse, as long as this Rider is in force and the Coverage Continuation Benefit is in effect.

This Rider is a part of the Policy if it is listed on the Policy Specifications page. A copy of the application for this Rider is attached to and made part of the Rider.

A new Rider Specifications page will be sent to you if any changes are made to the Policy.

Coverage Continuation Benefit

The Coverage Continuation Benefit (called "Benefit") guarantees that the Policy will not lapse, as long as this Rider is in force and the Benefit is in effect. This Benefit does not guarantee the Policy's Cash Value. A Coverage Continuation Value account will be established to determine if this Benefit is in effect.

On each monthly anniversary during the first policy year, this Benefit will be in effect if 1., 2., and 3. are met. Thereafter, this Benefit will be in effect if 2. and 3. are met. 1., 2., and 3. are as follows:

- The amount of premium paid less any Policy Loan Balance at least equals: 1/12th of the Coverage Continuation Benefit Minimum First Year Total Premium, as shown on the Rider Specifications for Coverage Continuation Rider page (called "Rider Specifications page"); times the number of policy months since the Policy Date (called "First Year Premium Requirement").
- 2. The Coverage Continuation Value is greater than the Policy Loan Balance at all times.
- 3. The Policy Loan Balance is less than the Death Benefit.

Unless you elect to take the Maturity Benefit (see the Maturity Benefit provision in the Policy), this Benefit will stay in effect beyond the Maturity Date of the Policy as long as:

- The Coverage Continuation Value is greater than any Policy Loan Balance on and after the Maturity Date of the Policy; and
- 2. The Policy Loan Balance is less than the Death Benefit.

Once the Grace Period for this Benefit has expired, this Benefit will terminate. See the Grace Period for Coverage Continuation Benefit provision below. You can reactivate this Benefit within the Coverage Continuation Benefit Reactivation Period shown on the Rider Specifications page provided the payment required to reactivate this Benefit does not disqualify the Policy as life insurance. See the Reactivation of Coverage Continuation Benefit provision below.

Impact of Rider on Policy's Cash Value

Cost of Rider

While this Rider is in force and this Benefit is in effect, the cost of this Rider will be deducted as part of the Monthly Deduction from the Policy's Cash Value. The cost of this Rider equals:

- 1. The Coverage Continuation Monthly Cost of Insurance Charge; plus
- 2. The Coverage Continuation Monthly Unit Load Charge; plus
- 3. The Coverage Continuation Monthly Rider Charge.

More information about the above charges can be found in the Rider Specifications page.

No Cost of Rider charges will be deducted during the Coverage Continuation Benefit Reactivation Period. See the Reactivation of Coverage Continuation Benefit provision below for information on the cost to reactivate the Benefit.

Coverage Continuation Monthly Cost of Insurance Charge The Coverage Continuation Monthly Cost of Insurance Charge equals:

- 1. The Net Amount at Risk (see the Net Amount at Risk provisions in the Policy) allocated to the remaining Initial Face Amount (which includes any increase in Face Amount resulting from a change in Death Benefit Option) times the Coverage Continuation Monthly Cost of Insurance Rate for the Initial Face Amount, divided by 1,000; plus
- 2. If you request any increases in Face Amount, the Net Amount at Risk allocated to each Requested Increase times the Coverage Continuation Monthly Cost of Insurance Rate for each increase in Face Amount, divided by 1,000.

The Coverage Continuation Monthly Cost of Insurance Rates used to calculate the Coverage Continuation Monthly Cost of Insurance Charge will not exceed the Guaranteed Maximum Coverage Continuation Monthly Cost of Insurance Rates shown on the Rider Specifications page. The Coverage Continuation Monthly Cost of Insurance Rates will vary based on the Attained Age, risk classification, sex and completed years from the Policy Date for the Face Amount (which includes any increase in Face Amount resulting from a Death Benefit Option change) and from the Date of Coverage for each Requested Increase.

Coverage Continuation Monthly Unit Load Charge The Coverage Continuation Monthly Unit Load Charge equals the total of these Charges for the Initial Face Amount and for all Requested Increases. The Charge for each piece of coverage equals: the Face Amount of the Policy (excluding any increase in Face Amount resulting from a Death Benefit Option change) or the amount of an increase; times its Coverage Continuation Monthly Unit Load Charge for the applicable year shown on the Rider Specifications page; divided by 1,000.

Accumulated Amount

If the Cash Value of the Policy becomes negative while this Benefit is in effect, the Monthly Deductions will be accumulated without interest (called "Accumulated Amount"). This Accumulated Amount must be repaid before any Cash Value can develop under the Policy. This Accumulated Amount will not decrease the Death Benefit and will not be paid as part of the Policy Proceeds. It will not be considered in calculating the cost of insurance charges.

Determination of the Status of the Coverage Continuation Benefit

Coverage Continuation Value

Please note: The Coverage Continuation Value is not available to you. Its purpose is only to determine the status of this Benefit. It does not affect the Cash Value of your Policy. It is calculated similarly to the calculation of the Cash Value of the Policy, except the comparable Coverage Continuation Value Charges shown in the Rider Specifications page are used. Also, a Coverage Continuation Value Risk Adjustment Charge will be deducted at the end of the last day of each policy year, if applicable. (See the Coverage Continuation Value Risk Adjustment Charge provision below for more details on this charge.) We have filed a detailed statement of the method of calculating the Coverage Continuation Value with the insurance supervisory official of the state that governs the Policy. You may request, In Writing, additional information on the Coverage Continuation Value.

The Coverage Continuation Value will no longer be calculated once the Coverage Continuation Benefit Reactivation Period has expired.

The Policy's annual report will indicate if this Benefit is in effect or in the Grace Period.

Coverage Continuation Value Risk Adjustment Charge

At the end of the last day of each policy year, an additional charge may be deducted from the Coverage Continuation Value. A Coverage Continuation Value Risk Adjustment Charge will be calculated as follows:

- 1. The sum of the Coverage Continuation Expected Threshold Amount from the Policy Date to the end of the last day of the policy year (The Coverage Continuation Expected Threshold Amount is shown on the Rider Specifications page.); less
- 2. The sum of actual premiums paid since the Policy Date; plus
- 3. The sum of any partial withdrawals since the Policy Date.

This Charge will not be assessed if the Coverage Continuation Value plus the Coverage Continuation Expected Threshold Amount paid annually is sufficient to guarantee coverage to the Insured's Attained Age 121. If (1) - (2) + (3) is greater than zero and the Coverage Continuation Value plus the Coverage Continuation Expected Threshold Amount paid annually is not sufficient to guarantee coverage to the Insured's Attained Age 121, then the Risk Adjustment Charge will equal:

- a. The applicable Coverage Continuation Value Risk Adjustment Percent (which is shown on the Rider Specifications page); times
- b. The amount calculated by (1) (2) + (3); less
- c. The sum of previous Coverage Continuation Value Risk Adjustment Charges assessed.

If (1) - (2) + (3) is less than or equal to zero, then the Coverage Continuation Value Risk Adjustment Charge will equal \$0.

General Provisions

Grace Period for Coverage Continuation Benefit

In the first policy year on each monthly anniversary date, if the First Year Premium Requirement is not met, a Grace Period of 62 days from the monthly anniversary date will be allowed for the payment of a premium amount sufficient to keep this Benefit in effect (referred to as the "Amount Due"). See the Grace Period provision in your Policy.

Also, if on any monthly anniversary date the Coverage Continuation Value is insufficient to pay the Coverage Continuation Charges that are used in the calculation of the Coverage Continuation Value, a Grace Period of 62 days will be allowed for the payment of a premium amount sufficient to keep this Benefit in effect (referred to as the "Amount Due"). See the Grace Period provision in your Policy.

If on any monthly anniversary date the Policy Loan Balance exceeds the Death Benefit, a Grace Period of 62 days will be allowed for payment of the excess due (referred to as the "Amount Due"). Notice of the Amount Due will be sent at the beginning of the Grace Period to your last known address and to any assignee on record.

If we do not receive the Amount Due by the end of this Rider's Grace Period, this Benefit will terminate. No further calculations of the Coverage Continuation Value or deductions of the cost of the Rider will occur, unless you reactivate this Benefit as described below.

Reactivation of Coverage Continuation Benefit

If this Benefit has terminated or the Policy has lapsed while this Benefit was inforce, you can reactivate this Benefit within the Coverage Continuation Benefit Reactivation Period shown on the Rider Specifications page provided that the payment required to reactivate this Benefit does not disqualify your Policy as life insurance. If the Policy has lapsed, the Policy must be reinstated in order to reactive this Benefit. A notice will be sent to your last known address and to any assignee on record at the end of the Grace Period for this Benefit. In order to reactivate this Benefit within the Reactivation Period, we will require a payment sufficient to make the Coverage Continuation Value and the Death Benefit greater than any Policy Loan Balance. All past due costs of the Rider plus an amount to keep the Benefit in effect for two months will be assessed. You may contact us for additional information. If the payment is not paid within the Coverage Continuation Benefit Reactivation Period: the Reactivation Period will terminate; this Benefit cannot be reactivated; and this Rider will terminate.

Continuation of Insurance

If all premium payments cease and this Benefit is not in effect, the insurance provided under the Policy, including benefits provided by any rider attached to the Policy, will continue in accordance with Continuation of Insurance provision of the Policy.

Termination

This Rider will terminate on the first of the following events to occur.

- 1. The date the Policy is surrendered;
- 2. The date of death of the Insured;
- 3. The expiration of the Coverage Continuation Benefit Reactivation Period; and
- 4. The monthly anniversary on or next following our receipt of your request In Writing to terminate this Rider. Once you have requested the termination of this Rider, it cannot be added again to the Policy.

MetLife Investors USA Insurance Company

Richard C Pearson

Secretary

RIDER SPECIFICATIONS FOR COVERAGE CONTINUATION RIDER

Insured: [JOHN DOE] Policy Number: [SPECIMEN]

Issue Date: [JUNE 1, 2008]

Guaranteed Coverage Date (Based on Planned [Annual] Premium and Planned First Year [JUNE 1, 2094]

Lump Sum)*:

Coverage Continuation Benefit Minimum First Year Total Premium**: [\$1,075.08]

Coverage Continuation Benefit Reactivation Period: [9 MONTHS]

IMPACT OF RIDER ON POLICY'S CASH VALUE

Maximum Coverage Continuation Monthly Cost of Insurance Rates: SEE TABLE BELOW

Coverage Continuation Monthly Unit Load Charge:

[0.2762 PER 1000]

[0.1973 PER 1000]

Coverage Continuation Monthly Rider Charge:

[\$0.00] [Years 21 & Later]

DETERMINATION OF THE STATUS OF COVERAGE CONTINUATION VALUE

Monthly Coverage Continuation Value Charges:

Monthly Coverage Continuation Value Expense Charge Per \$1,000:

[Year 1] [0.0321 PER 1000]

[Years 2 – 20] [0.0321 PER 1000]

Monthly Coverage Continuation Value Rider Charge:

[\$5.00]

[\$5.00]

Monthly Coverage Continuation Value Cost of Insurance Rates: SEE TABLE BELOW

Coverage Continuation Value Percent of Premium Charge: [Years 1-20] [Years 21 & Later]

For Premiums up to and including [\$1,256.28]*** each policy year [28.00%] [28.00%]

For Premiums in excess of [\$1,256.28]*** each policy year [27.00%]

Coverage Continuation Value Accumulation Factors:

[0.00%]

[Years 2 - 39] [5.00%]

[Years 40 - 60] [6.50%]

[Years 61 & Later] [6.50%]

RIDER SPECIFICATIONS FOR COVERAGE CONTINUATION RIDER (CONTINUED)

Coverage Continuation Value Surrender Charge Percent:

[Years 1-10]	[100.00%]
[Years 11 & Later]	[100.00%]

Coverage Continuation Value Risk Adjustment Percent:

[Years 1-10]	[100.00%]
[Years 11 & Later]	[100.00%]
Coverage Continuation Expected Threshold Amount Annually***:	[\$1,107.55]

*The Policy will stay in force to the Guaranteed Coverage Date if: at least the Planned Premiums are paid by each Planned Premium Due Date; any Planned First Year Lump Sum is paid by the first policy anniversary; no Loans are taken; no partial withdrawals are made; no policy changes are made; the planned premium timing is not changed; there was no misstatement of age or sex; and no riders are added or removed. Assuming that such conditions are met: the Planned Premium and any Planned First Year Lump Sum represent a premium payment schedule that will keep the Coverage Continuation Value positive in all years and will, as a result, guarantee your Policy will stay in force to the Guaranteed Coverage Date; and you may contact us or our representative for additional information regarding other premium payment schedules that will guarantee your Policy will stay in force to the Guaranteed Coverage Date.

^{**}During the first policy year, this premium will be recalculated and shown on a new Rider Specifications page if: there is a Requested Increase; there is a change in the Insured's risk classification; there is a misstatement of age or sex; or any riders are added or removed.

^{***} This premium will be recalculated and shown on a new Rider Specifications page if: any policy changes are made; any partial withdrawals are taken; there is a change in the Insured's risk classification; there is a misstatement of age or sex; or any riders are added or removed.

TABLE OF GUARANTEED MAXIMUM COVERAGE CONTINUATION RIDER MONTHLY COST OF INSURANCE RATES PER \$1,000

Insured: [JOHN DOE] Policy Number: [SPECIMEN]

Date of Coverage: [JUNE 1, 2008]

Policy Year	Rate	Policy Year	Rate	Policy Year	Rate
1	[0.0001	30	0.0012	59	0.0164
2	0.0001	31	0.0013	60	0.0174
3	0.0001	32	0.0014	61	0.0186
	0.0001	33	0.0014	62	0.0198
4 5	0.0002	34	0.0015	63	0.0210
6	0.0002	35	0.0016	64	0.0222
7	0.0002	36	0.0018	65	0.0228
8	0.0002	37	0.0019	66	0.0231
9	0.0002	38	0.0021	67	0.0234
10	0.0002	39	0.0023	68	0.0237
11	0.0003	40	0.0026	69	0.0242
12	0.0003	41	0.0028	70	0.0248
13	0.0003	42	0.0031	71	0.0255
14	0.0004	43	0.0034	72	0.0266
15	0.0004	44	0.0037	73	0.0279
16	0.0004	45	0.0042	74	0.0296
17	0.0005	46	0.0047	75	0.0317
18	0.0005	47	0.0053	76	0.0342
19	0.0005	48	0.0060	77	0.0368
20	0.0006	49	0.0069	78	0.0396
21	0.0006	50	0.0078	79	0.0425
22	0.0007	51	0.0088	80	0.0455
23	0.0007	52	0.0098	81	0.0484
24	0.0008	53	0.0109	82	0.0511
25	0.0008	54	0.0120	83	0.0534
26	0.0009	55	0.0131	84	0.0551
27	0.0010	56	0.0139	85	0.0561
28	0.0010	57	0.0146	86	0.0564
29	0.0011	58	0.0155	87+	0.0000]

MONTHLY COVERAGE CONTINUATION VALUE COST OF INSURANCE RATES PER \$1,000

Insured: [JOHN DOE] Policy Number: [SPECIMEN]

Date of Coverage: [JUNE 1, 2008]

Policy Year	Rate	Policy Year	Rate	Policy Year	Rate
1	[0.0000	30	1.2449	59	9.5318
2	0.0814	31	1.3587	60	10.1094
2 3	0.1005	32	1.4684	61	10.7486
4	0.1150	33	1.5750	62	11.3130
4 5 6 7	0.1287	34	1.6872	63	11.9079
6	0.1338	35	1.7985	64	12.5362
7	0.1473	36	1.9332	65	13.1998
8	0.1629	37	2.0807	66	13.7955
9	0.1809	38	2.2652	67	14.1734
10	0.2030	39	2.4653	68	14.5805
11	0.2258	40	2.6674	69	15.0170
12	0.2521	41	2.9025	70	15.4870
13	0.2813	42	3.1528	71	16.1816
14	0.3127	43	3.4096	72	16.9450
15	0.3429	44	3.6653	73	17.7878
16	0.3674	45	3.9276	74	18.7215
17	0.3965	46	4.2080	75	19.7632
18	0.4364	47	4.5132	76	20.9312
19	0.4813	48	4.8521	77	22.2538
20	0.5337	49	5.2269	78	23.3777
21	0.5856	50	5.6235	79	23.3777
22	0.6417	51	6.0287	80	23.3777
23	0.6997	52	6.4295	81	23.3777
24	0.7517	53	6.8199	82	23.3777
25	0.8020	54	7.2458	83	23.3777
26	0.8712	55	7.6664	84	23.3777
27	0.9489	56	8.0875	85	23.3777
28	1.0365	57	8.5177	86	23.3777
29	1.1356	58	8.9749	87+	0.0000]

The Monthly Coverage Continuation Value Cost of Insurance Charge rate for each piece of coverage is based on the Attained Age, risk classification, sex and completed years from the Policy Date for the Initial Face Amount and for the Date of Coverage for each Requested Increase.

SERFF Tracking Number: METD-126248320 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 43238

Company Tracking Number: 5E-CCR-09

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: Coverage Continuation Rider

Project Name/Number: GAUL's CCR Correction Filing 2009/5E-CCR-09

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

Comments: Attachment:

AR Readability Cert.pdf

Item Status: Status

Date:

Bypassed - Item: Application

Bypass Reason: Not applicable to this filing.

Comments:

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification
Bypass Reason: Not applicable to this filing.

Comments:

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage

Bypass Reason: Not applicable to this filing.

Comments:

Item Status: Status

Date:

Satisfied - Item: Certification

Comments:

Attachment:

AR certification.pdf

SERFF Tracking Number: METD-126248320 State: Arkansas

Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 43238

Company Tracking Number: 5E-CCR-09

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: Coverage Continuation Rider

Project Name/Number: GAUL's CCR Correction Filing 2009/5E-CCR-09

Item Status: Status

Date:

Satisfied - Item: Copy of Application Approved on 8-

3-07

Comments: Attachment:ENB-7-07.pdf

Form Number(s)

State of Arkansas

Readability Certification

Flesch Score(s)

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

5E-CCR-09	50	

Karen Johnson, Vice President

8/14/2009

Date

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.

Karen Johnson, Vice President

8/14/2009

Date

MetLife [®]	Policy Number						
Application for Life	Insurance						
		Insurance Company MetLife I			nsurance Company nsurance Company		
SECTION I - About the	Proposed In	sured					
For Additional Insureds pleas	se complete the A	dditional Insureds	Supplement	t form.			
First Name		Middle Name	Last	Name			
Permanent Address		_	City			State	Zip
Country of Legal Residence		Date of Birth		E-Ma	ail Address		
Primary Phone Number	Alternate Ph	one Number	Preferred Time to Call	From	AM]AM Sex □ Male]PM □ Female
Place of Birth	Social Sec	urity or Tax ID Numb	oer Earned <i>A</i>	Annual In	come	Net Worth	
U.S. Driver's License	If not licensed,	please indicate othe	r form of ID:		Passport	Governme	ent Issued Photo ID
Issuer of ID	ID Num			e Date (if	•	Expiratio	n Date (if any)
Name of Employer	Employer	City	State	Zip	Ро	sition/Duties	
NON U.S. CITIZENS ONLY	' - Country of Citiz	enship	Green Card/V	isa Type		Expirati	on Date
Country of Permanent Resid	ence		ID Number			Years in	n the U.S.
SECTION II - About the	e Owner	∴ Complete ONLY	if the Owner i	s NOT th	ne Proposed I	nsured.	
OWNER - TRUST / BU	_		Tax ID N				ıstee / Owner State
Trust Business OWNER - OTHER INDI	Entity Charity	Qualified Pen	sion Plan	Complet	e the approp	riate required	form(s).
First Name	VIDUAL	Middle Na	ame	Last Nar	me		
Permanent Address			City			State	Zip
Country of Legal Reside	nce Citizenship	Social Sec	curity or Tax ID	Number	Date of Bir	th Pho	one Number
E-Mail Address	_	Earned	Annual Income	e Net V	Vorth	Relationship	to Proposed Insured
Please indicate form of I		S. Driver's License	_	Passport			ment Issued Photo ID
Issuer of ID	ID Nun	nber	I	lssue Dat	e (if any)	Expirat	tion Date (if any)



 $\hfill \Box$ Check if ownership should revert to Insured upon Owner and Contingent Owner's deaths.

SECTION III -	About the Beneficiar	y / Beneficiaries Fo	or additional B	enefi	ciaries, use Sec	tion IX - Addition	al Information	
	f the Owner is the Primary Bo							
For Primary or Co	ontingent Beneficiaries who	are NOT the Owner, complet	e the table be	low.			_	
Beneficiary Type	Name (First, I	Middle, Last)	Date of Birth	Re Pro	lationship to posed Insured	Social Security Number (Optional)	Percentage of Proceeds (if not equal	
Primary								
Primary								
Contingent Primary				-				
Contingent								
	o include all living and future n above.)	natural or adopted children	of the Propos	ed In	sured as Contir	ngent Beneficiarie	s. (Name all	
	n is acting on behalf of a mir	nor Beneficiary listed above,	please use Co	-Ow	ner/Continge	ent Owner and	UTMA	
	states that if someone with s	special needs has assets over	r \$2,000, they	may	lose eligibility f	or government be	nefits.	
SECTION IV -	About Proposed Cov	erage Check the des	sired coverage	(s).				
☐ Universal Li	ife	☐ Whole Life	-		☐ Term Lif	·		
	ile Variable Life							
Product Name		Product Name			Product Nan	ie		
Face Amount*		Face Amount*		Face Amount*				
Riders and Detail	ls	Riders and Details		Riders and Details				
Coverage Cor	ntinuation (UL only)			_				
Disability Waiver	•	Disability Waiver			Disability Waiver:			
Specified Pre		Dividend Options:			☐ Convertible ☐ Non-Convertible			
☐ Monthly Ded	uction (VUL only)	Paid-Up Additions						
Death Benefit Op	otion	Other, please specify:						
Definition of Life Guideline Pre		Automatic Premium Lo	oan Requested					
☐ Cash Value Ao Planned Premium	ccumulation Test	For a full list of riders Note: Some riders ma	and options, p	lease	consult with y	our Producer.		
Year 1		For Variable Life produ				•	ent form	
Years 2 to _		* If Face Amount is equ	•	•				
Years to	(UL only)	Financial Informati			, ,,	•		
ADDITIONAL O One Time (Single		Exchange Amount	Request	ed Po	olicy Date	☐ Save Age		
POLICY OPTION	 NS							
	icy: Product, Face Amount a	nd Details						
	olicy: Product, Face Amount a							
Group Conve	rsion Only	ase complete the Group Co	nversion Su	nla	ment form for	either choice		
☐ Group Conve	rsion Alternative $\int_{0}^{\infty} \int_{0}^{\infty} \int_{0}^$	ise complete the Group Co		hiei	ment ioiiii ioi	cialei Gioice.		

Does the Proposed Insured or annuities with this or any other						
annuities with this or any other	Owner have any existing or applied	d for life insurance or	Propose	d Insured	☐ Yes ☐ No	
, i , owner					☐ Yes ☐ No	
If YES , please provide details	of any existing or applied for Life I	Insurance on the Propo	sed Insured <u>only</u> .			
	Company	Amount of Insurance	Year of Issue		Status	
				Existing	g Applied For	
				Existing	g Applied For	
				Existing		
	_			Existing	g Applied For	
transaction; loan; withdrawal; (except conversions) involving	ation, has there been, or will there t lapse; reduction or redirection of p g an annuity or other life insurance? Thement Questionnaire AND any o	oremium/consideration; (? ?	or change transaction	on	Yes No	
If Proposed Insured is final	ncially dependent on another ind	lividual, indicate indivi	dual providing sup	port:		
☐ Spouse ☐ Child	☐ Parent ☐ Other					
Amount of insurance on indi	vidual providing support. Existin	ng Insurance	Insurance A	Applied For		
If Proposed Insured is a mind	or, are all siblings equally insured?	Yes N	lo			
If NO , please provide details	:					
SECTION VI - About Pa	ymant Information					
PREMIUM PAYOR	yment imormation					
☐ Proposed Insured	Owner (If NOT the Proposed I	nsured.)	Other (Complete t	he box belo	w.)	
Other Premium Payor Name	e Social Sec	Other Premium Payor Name Social Security or Tax ID Number Relationship to Proposed Insured or Owner				
Reason this Person is the Pa	ayor					
Reason this Person is the Pa	ayor	City		State	Zip	
	Billing Mode:					
Permanent Address PAYMENT MODE	Billing Mode: Annual Monthly D	Draft per Debit Authoriza Draft per <u>Existing</u> Electro	tion (See next page. nic Payment Numbe		Zip 	
Permanent Address PAYMENT MODE	Billing Mode: Annual Monthly D	oraft per Debit Authoriza Oraft per <u>Existing</u> Electro	tion (See next page. nic Payment Numbe Salary Deduction		Zip	
Permanent Address PAYMENT MODE	Billing Mode: Annual Monthly D Monthly D Special Account: Governme	Draft per Debit Authoriza Draft per Existing Electron ent Allotment	tion (See next page. nic Payment Numbe Salary Deduction		Zip 	
Permanent Address PAYMENT MODE (Check the appropriate ONE.)	Billing Mode:	praft per Debit Authoriza Praft per Existing Electron ent Allotment Soyer Group Number (EGN Illection: nium by Electronic Funds	tion (See next page. nic Payment Numbe Salary Deduction I) or List Bill Numbe Transfer (Must be		Zip Quarterly List Bill	
Permanent Address PAYMENT MODE (Check the appropriate ONE.) INITIAL PAYMENT Amount Collected with Applic	Billing Mode:	praft per Debit Authoriza Praft per Existing Electron ent Allotment Soyer Group Number (EGN Illection: nium by Electronic Funds ast be at least 1/12 of an	tion (See next page. nic Payment Numbe Salary Deduction I) or List Bill Numbe Transfer (Must be		Zip	
Permanent Address PAYMENT MODE (Check the appropriate ONE.) INITIAL PAYMENT Amount Collected with Applic	Billing Mode:	praft per Debit Authoriza Praft per Existing Electron ent Allotment Soyer Group Number (EGN ellection: nium by Electronic Funds est be at least 1/12 of an	tion (See next page. nic Payment Numbe Salary Deduction I) or List Bill Numbe S Transfer (Must be annual premium.)		Zip Quarterly List Bill	



D	EBIT AUTHO	ORIZATION 🛕 Available	e only if the bank a please complete the El			
Thi at: Mo	etropolitan Life Instomated Clearing Honthly recurring Institution	om time to time, as I authorize. To remain in full force and effect ur Inch manner as to afford the Compa Issue Date of the Policy Debit Date on the Checking Savings Bank Account N stitution cach a voided check or deposit slip banking services from starter che	account designated be account designated be account designated be account the Financial life. The section of each month account to Section IX - Additional country account to Section IX - Additional country accountry	John Doe 123 Main Street Anytown, NJ 10000-1234 ANY BANK 456 Main Street Anytown, NJ 10000-1234 FOR GEIZ3 4 5 E 7 B 9 1: D BANK ROUTING NUM mal Information. t, brokerage, or mut	fication from me of ible opportunity to a	ts termination ct on it. 20 1234 \$ 3000000000000000000000000000000000000
		om foreign banks UNLESS the chec c name must be on the check).	k is being paid in U.S. I	Jollars through a U.	S. correspondent ba	nk (the U.S.
SE	CTION VII - Ge	eneral Risk Questions	Use Section IX - Add	itional Information i	f necessary.	
ä	airline or does he o	ee years has the Proposed Insured or she have plans for such activity v omplete a separate Aviation Ris	within the next year?			☐ Yes ☐ No
	2. Within the past three years has the Proposed Insured participated in or does he or she plan to participate in any of the following? Underwater sports - SCUBA diving, skin diving, or similar activities Racing sports - motorcycle, auto, motor boat or similar activities Sky sports - skydiving, hang gliding, parachuting, ballooning or similar activities Rock or mountain climbing or similar activities Bungee jumping or similar activities If YES, please complete a separate Avocation Risk Supplement form for the Proposed Insured.					
		nsured traveled or resided outs rel or reside outside the U.S or Ca ride details.			/o years; or does h	e Yes No
	Past Future	Duration (weeks)	Cities and	Countries	Pu	rpose
l						
		nsured EVER used tobacco or nico acco, nicotine patches, or nicotine			arettes, cigarillos,	☐ Yes ☐ No
		Product(s)		Frequency / Am	ount	Date Last Used

•	d EVER had a driver's license susp ny moving violations? If YES, plea			WI, or in	☐ Yes	□ No
5. Has the Proposed Insured EVER had an application for life, disability income or health insurance declined, postponed, rated or modified or required an extra premium? If YES , please provide details.						□ No
	the Proposed Insured been convic , state, and date of occurrence.	•	ty or No Contest to a felony		∐Yes	□No
8. Is the Proposed Insured a If NO , please provide de	actively at work performing the usu				□Yes	□ No
SECTION VIII - Perso Check here if Proposed	nal Physician	physician.				
Physician Name	·		of Practice or Clinic			
Street Address		City		State	Zip	
Phone Number	Date Last Consulted R	leason	Findings/Treatmo	ent Given/Med	lication P	rescribed
SECTION IX - Additio	onal Information If mo	ore space is needed	d, attach additional sheet(s)			
	ı					

Certification / Agreement / Disclosure Was a sales illustration provided for the life insurance policy as applied for? ☐ Yes ☐ No A. If **Yes**, please choose one of the following: An illustration was signed and **matches the policy applied for**. It is included with this application. An illustration was shown or provided but is **different from the policy applied for**. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery. The sale was made using an illustration with Accelerated Payment. If illustration was **only shown on a computer screen**, check and complete the details in the box below. An illustration was displayed on a computer screen. The displayed illustration matches the policy applied for but no printed copy of the illustration was provided. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery. The illustration on the screen included the following personal and policy information: 1. Gender (as illustrated) ☐ Male ☐ Female ☐ Unisex 2. Age 3. Rating Class (e.g. Standard Non-smoker) ☐ Non-smoker ☐ Smoker 4. Product Name (e.g. GAUL) 5. Face Amount 6. Dividend Option (Whole Life only) B. If **No**, please choose one of the following: Producer certifies that a signed illustration is **not required** by law or the policy applied for is not illustrated in this state.

Agreement / Disclosure

I have read this application for life insurance including any amendments and supplements and to the best of my knowledge and belief, all statements are true and complete. I also agree that:

No illustration conforming to the policy as applied for was shown or provided prior to or at the time of this application. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

- My statements in this application and any amendment(s), paramedical/medical exam and supplement(s) are the basis of any policy issued.
- This application and any amendment(s), paramedical/medical exam, and supplement(s) to this application will be attached to and become part of the new policy.
- No information will be deemed to have been given to the Company unless it is stated in this application, paramedical/medical exam, amendment(s), or any supplement(s).
- Only the Company's President, Vice-President or Secretary may: (a) make or change any contract of insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, or policy.
- Except as stated in the Temporary Insurance Agreement and Receipt, no insurance will take effect until a policy is delivered to the Owner and the full first premium due is paid. It will only take effect at the time it is delivered if: (a) the condition of health of each person to be insured is the same as stated in the application; and (b) no person to be insured has received any medical advice or treatment from a medical practitioner since the date of the application.
- If I have requested a rider that provides an acceleration of death benefit, I have received the appropriate disclosure form.
- I understand that paying my insurance premiums more frequently than annually may result in a higher yearly out-of-pocket cost or different cash values.
- If I intend to replace existing insurance or annuities, I have so indicated in the appropriate section of the application.
- I have received the Company's Privacy Notice and the Life Insurance Buyer's Guide.
- If I was required to sign a Notice and Consent for HIV Testing, I have received a copy of that Notice.



Fraud Warnings

Arkansas, Kentucky, Louisiana, New Mexico, Ohio, Oklahoma

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

District of Columbia, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Taxpayer Identification Number Certification

Under penalties of perjury, I, the Owner, certify that:

- The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:
- (a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; **or**
 - (b) the IRS has notified me that I am not subject to backup withholding.

 (If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
- I am a U.S. citizen or a U.S. resident alien for tax purposes. (If you are not a U.S. citizen or a U.S. resident alien for tax purposes, please cross out this certification and complete form W-8BEN).
 - **(i) Please note:** The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature(s) of all Proposed Insured(s)	Date	Signed at City, State
(age 15 or over) Please complete the Additional Insureds Supple Signature(s) of all Owner(s) (If NOT the Proposed Insur		er Supplement form(s) if applicable. Signed at City, State
(age 15 or over)		
① If the Owner is a firm or corporation, include Office	_	e. t Owner and UTMA Designations Supplement form.
if Co-Owner or Custodian, please complete the Co-		
if Co-Owner or Custodian, please complete the Co- Signature of Parent or Guardian	Date	Signed at City, State
		Signed at City, State
Signature of Parent or Guardian		Signed at City, State

